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CONFIRMATION NO. 9851

<b>SERIAL NUMBER</b> 10/718,451	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Ming Lai, Dublin, CA; Casimir Swinger, New York, NY; Meijuan Yuan, Dublin, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,211 11/20/2002 <i>BNT</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/08/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met. after met Verified and <i>Brandi Thomas</i> Acknowledged <i>BNT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Lai, Ming P.O. Box 10845 Pleasanton, CA94588					
<b>TITLE</b> Method and apparatus for obtaining patient-verified prescription of high order aberrations					
<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		